

Communities Together for Health Equity

July 27, 2016

Jason Helgerson
NYS Medicaid Director, Deputy Commissioner
Office of Health Insurance Programs
One Commerce Plaza
Albany, NY 12210-2820

Dear Mr. Helgerson,

We write to you today on behalf of Communities Together for Health Equity (CTHE), a citywide coalition of community-based organizations (CBOs), advocating for what we strongly believe represents an exciting, and much needed, improvement of the state's Delivery System Reform Incentive Payment (DSRIP) program. CTHE has come together to ensure that effective and needed community-based services become part of DSRIP and health reform.

We write to request the state's support for the "DSRIP Innovation Fund." This fund would provide a groundbreaking means for local community groups to bring their best ideas and practices—developed throughout their many years of experience—to help meet the overall DSRIP goals. Through this fund, CBOs would be able to join with their local Performing Provider System (PPSs) to implement community projects that would have enormous potential to both improve the well-being of our communities and reduce unnecessary hospital and emergency room use. The examples of evidence-based strategies and projects that communities would be able to implement with the Innovation Funding are endless: extra food from local banks could be provided to people with diabetes whose food stamps have run out, thereby reducing the well-documented spike in diabetes-related emergencies at the end of the month; evaluated peer educator-delivered self-care education for diabetes, chronic disease, HIV/AIDS and other conditions; more effective community support for a range of high need patients; and tailored local mentoring that reduces clinical utilization by youth with behavioral challenges.

Such examples represent a mere portion of the many possibilities that currently are, and without innovation will remain, unfunded by DSRIP. If we truly hope to achieve DSRIP's goals, let us do so by allowing these and other much needed, evidence-based, community programs to be funded with DSRIP money.

Specifically, the DSRIP Innovation Fund calls for two and a half percent of the DSRIP PPSs' allocation through years three to five to be set aside. PPS community partners would work with the PPSs to decide the local needs and conditions that most need addressing and then the PPSs, with input from their community partners, would issue an RFP (request for proposal) for community projects. A committee, equally composed of PPS personnel and community partner representatives, would then select final projects to receive grants. It is important to note that the Innovation Fund will follow some of the guidelines set out by the state (in its RFP for a CBO Strategic Planning Consortium): it will be reserved for community groups with annual budgets of \$5 million or under and groups that do not provide clinical services or have clinical licenses; however, since more CBOs

are now billing Medicaid for support services as members of Health Homes, we believe that it should include CBOs who bill Medicaid for other than clinical/licensed services.

This fund represents an important step towards connecting the services patients receive in the hospitals with the support they need outside, and by doing so, it represents an important step towards addressing the many social determinants of health that everyone has agreed DSRIP must confront.

We truly appreciate the state's recognition of the importance of community planning for DSRIP. We hope you will stand with CTHE to support the DSRIP Innovation Fund as the vital step for communities to bring their best to DSRIP.

Attached is a summary of the Innovation Fund, which we presented at the CMS Medicaid and Medicaid Managed Care Advocates meeting, on July 18.

Thank you for considering this proposal.

Sincerely,

Communities Together for Health Equity

Cc:

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